

L24000359345

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

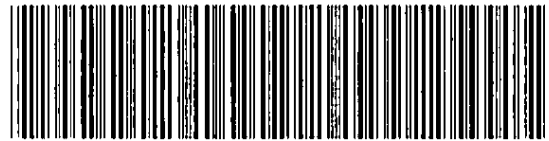
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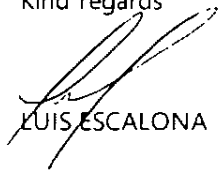


Gentlemen

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

I am writing to you in order to present amendments that must be made to my company EL HATO LEEC CARNES Y SOLUCIONES LLC, which was registered on 08/15/2024 under the number L24000359345, the best phone number for any questions is 407-8795636, you can also contact my partner GLORISER BARRIOS.

Kind regards



LUIS ESCALONA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EL HATO LEEC CARNES Y SOLUCIONES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESCALONA CARRILLO, LUIS E

\_\_\_\_\_  
Name of Person

EL HATO LEEC CARNES Y SOLUCIONES LLC

\_\_\_\_\_  
Firm/Company

3275 S JOHN YOUNG PARKWAY # 662

\_\_\_\_\_  
Address

KISSIMMEE, FL 34746

\_\_\_\_\_  
City/State and Zip Code

elhatoleeccarnes@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORISER BARRIOS

407 8795636

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EL HATO LEEC CARNES Y SOLUCIONES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/15/2024 and assigned  
Florida document number 1.24000359345.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

3275 S JOHN YOUNG PARKWAY # 662

*Enter Florida street address*

KISSIMMEE

*City*

Florida 34746

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

The requested modifications are as follows:

To appoint GLORISER BARRIOS as manager of the company

domiciled at 3275 S John Young Parkway # 662 Kissimmee FL 34746

The partner ESCALONA CARRILLO, LUIS E. is ratified as MGR

and it is requested to update his address to the following

3275 S John Young Parkway # 662 Kissimmee FL 34746

GLORISER BARRIOS is ratified as Registered Agent, domiciled at 3275 S John Young Parkway # 662 Kissimmee

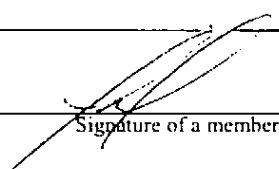
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee